MAI

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4545

City ..... (No. City Hosp. St. ..... Ward)

B-921

2. FULL NAME August Hutfluss (Adam)

(a) Residence, No. 4535 Hod St., Ward. 17
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18, 1914

7. AGE YEARS 22 MONTHS 3 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sely Auto

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME John Hutfluss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hugo - Slavia

MOTHER

15. MAIDEN NAME Barbara Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hugo - Slavia

17. INFORMANT (ADDRESS) Hosp. Int. Dept. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS Peter & Paul DATE Apr. 28, 1936

19. UNDERTAKER (ADDRESS) Thos Kutis 2906 Gravois Av

20. FILED APR 26 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1936 to 4/24/36, 19

I last saw him alive on 4/24, 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Septic Pharyngitis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. H. Tigert, M. D.

(Address) City Hosp.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.